



Medicaid At-a-Glance 2002

A Medicaid Information Source



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the medicaid program

The Medicaid Program provides medical benefits to low-income people who have no medical insurance or inadequate medical insurance. Although the Federal government establishes general guidelines for the program, the Medicaid program requirements are actually established by each State. Whether or not a person can be eligible for Medicaid will depend on the State where he or she lives.



key eligibility groups



States are required to include certain types of individuals or eligibility groups under their Medicaid plans and they may include others. Following are brief descriptions of some of the key mandatory and optional eligibility groups included under states' plans. These descriptions do not include all groups. For more information on all Medicaid groups contact your state. (Also see <http://cms.hhs.gov/medicaid/eligibility> for more information.)

Medicaid eligibility is divided into three groups: a) categorically needy, b) medically needy, and c) special groups. In addition to the Medicaid program, states have a health insurance program for children under age 19, the State Children's Health Insurance Program. In some states the Children's Health Insurance program is part of the state Medicaid programs, and in other states it is separate.

categorically needy

- Families who today meet states' Aid to Families with Dependent Children eligibility requirements in effect on July 16, 1996.
- Pregnant women and children under age 6 with family income up to 133 % of the Federal poverty level.
- Children ages 6 to 19 with family income up to 100% of the Federal poverty level.
- Caretakers (relatives who take care of children under age 18 (or 19 if still in high school)).
- SSI (Supplemental Security Income) recipients or aged, blind and disabled who meet requirements that are more restrictive than those of the SSI program (often called 1634 or 209(b) states) instead of all SSI recipients.
- Individuals and couples who are living in medical institutions and who have monthly income up to 300% of the SSI income standard (Federal benefit rate).



medically needy



The medically needy have too much money (and in some cases resources like savings) to be eligible as categorically needy. If a state has a medically needy program, it must include pregnant women for a 60-day postpartum period, children under age 18, certain newborns for one year, certain protected blind persons and persons required to sign up for their employer's health plan if it is cost-effective. States may also include:

- Children under age 21, 20, 19, or 18 or under age 19 who are full-time students. If a state doesn't want to cover all of these children, it can limit eligibility to reasonable groups of such children.
- Caretaker relatives (relatives who live with and take care of children).
- Aged persons (age 65 and older).
- Blind persons (blindness is determined using the SSI program standards or state standards).
- Disabled persons (disability is determined using the SSI program standards or state standards).
- Persons who would be eligible if not enrolled in an HMO.

36 states have medically needy programs:

Arkansas	Hawaii	Maine	Nebraska	Oklahoma	Utah
California	Illinois	Maryland	New Hampshire	Oregon	Vermont
Connecticut	Iowa	Massachusetts	New Jersey	Pennsylvania	Virginia
Dist. of Columbia	Kansas	Michigan	New York	Rhode Island	Washington
Florida	Kentucky	Minnesota	North Carolina	Tennessee	West Virginia
Georgia	Louisiana	Montana	North Dakota	Texas	Wisconsin

Note: Texas' medically needy program covers only the "mandatory" medically needy groups. It does not cover the aged, blind and disabled. Oregon's program excludes pregnant women and children under a waiver.

special groups

- Medicare Beneficiaries—Medicaid pays Medicare premiums, deductibles and coinsurance for “Qualified Medicare Beneficiaries (QMB)”—individuals whose income is below 100% of the Federal poverty level and whose resources are no more than twice the value allowed under SSI. There are additional groups for whom Medicare related expenses are paid by Medicaid when the individuals' income is below varying poverty levels—120% and between 135% and 175%. 
- Qualified Working Disabled Individuals—Medicaid can pay Medicare Part A premiums for certain disabled individuals who lose Medicare coverage because of work—individuals whose income is below 200% of the Federal poverty level and resources that are no more than twice the value allowed under SSI.
- States may also improve access to employment, training and placement of people with disabilities who want to work through expanded Medicaid eligibility. Eligibility can be extended to

working disabled people between ages 16 and 65 who have income and resources greater than that allowed under the SSI program. States can extend eligibility even more to include working individuals who become ineligible for the group described above because their medical conditions improve. States may require such individuals to share in the cost of their medical care.

- There are two new eligibility groups that states may include under their Medicaid plans. One is for women who have breast or cervical cancer and the other for people with Tuberculosis (TB) who are uninsured. Women with breast or cervical cancer receive all plan services while TB patients receive only services related to treatment of TB. The charts below identify the states that include these groups under their Medicaid plans.

States including people with TB:

California	Florida	Minnesota	Oklahoma	Wyoming
Dist. of Columbia	Louisiana	New York	Utah	

States including women with breast or cervical cancer:

Alabama	Florida	Kansas	Missouri	North Carolina	Utah
Arizona	Georgia	Kentucky	Montana	North Dakota	Vermont
Arkansas	Hawaii	Louisiana	Nebraska	Oregon	Virginia
California	Idaho	Maine	Nevada	Pennsylvania	Washington
Colorado	Illinois	Maryland	New Hampshire	Rhode Island	West Virginia
Connecticut	Indiana	Michigan	New Jersey	South Carolina	Wisconsin
Delaware	Iowa	Mississippi	New Mexico	South Dakota	Wyoming

- Some states have also expanded eligibility under Medicaid waivers. Often the expanded eligibility is only for people who enroll in managed care.

States with 1115 statewide, expanded eligibility waivers:

Arizona	Dist. of Columbia	Maryland	Missouri	Oregon	Utah
Arkansas	Hawaii	Massachusetts	New York	Rhode Island	Vermont
Delaware	Kentucky	Minnesota	Oklahoma	Tennessee	Washington
					Wisconsin

Note: No new eligibles are currently under the Kentucky, Maryland, and Oklahoma programs. States also enroll beneficiaries in managed care through 1915(b) waivers. Only two states, Alaska and Wyoming, do not include managed care in their Medicaid program.

- All states provide community Long Term Care services for individuals who are Medicaid eligible and qualify for institutional care. Most states use eligibility requirements for such individuals that are more liberal than those normally used in the community.

To find out more about Medicaid in your State call the toll free number for your State. A list of toll free numbers can be reached through the CMS website, <http://www.cms.hhs.gov/medicaid/mcontact.asp>.

Find out more about Medicare by calling **1-800-MEDICARE** or going to <http://www.medicare.gov>.

state children's health insurance programs



State Children's Health Insurance Programs (SCHIPs) provide health insurance to children up to age 19. These programs are for children whose parents have too much money to be eligible for Medicaid, but not enough to buy private insurance. Most states offer this insurance coverage to children in families whose income is at or below 200% of the Federal poverty level. However, because states have different

income eligibility requirements, you need to find out about the program in your state. Not all the insurance programs provide the same benefits, but they all include shots (immunizations) and care for healthy babies and children at no cost. Families may have to pay a small amount (co-payment) for other services depending on their income.

While states call their child health insurance programs by different names, you should be able to find out about the program in your state by asking for the State Children's Health Insurance Program or calling 1-877-KIDS NOW (1-877-543-7669).

For more detailed SCHIP information see the following websites: <http://cms.hhs.gov/schip> and <http://www.insurekidsnow.gov>.

mandatory state plan services

categorically needy eligibility groups:

Medicaid eligibility groups classified as categorically needy are entitled to the following services unless waived under section 1115 of the Medicaid law. These eligibility groups do not apply to the SCHIP programs:



- Inpatient hospital (excluding inpatient hospital services for mental disease).
- Outpatient hospital including Federally Qualified Health Centers (FQHCs) and if permitted under state law, rural health clinic and other ambulatory services provided by a rural health clinic which are otherwise included under states' plans.
- Other laboratory and x-ray.
- Certified pediatric and family nurse practitioners (when licensed to practice under state law).
- Nursing facility services for beneficiaries age 21 and older.
- Early and periodic diagnosis and screening (EPSDT) for children under age 21.
- Family planning services and supplies.
- Physicians' services.
- Medical supplies and surgical services of a dentist.
- Home health services for beneficiaries who are entitled to nursing facility services under the state's Medicaid plan.
 - Intermittent or part-time nursing services provided by home health agency or by a registered nurse when there is no home health agency in the area.
 - Home health aides.
 - Medical supplies and appliances for use in the home.
- Nurse mid-wife services.
- Pregnancy related services and service for other conditions that might complicate pregnancy.

- 60 days postpartum pregnancy related services.

Note: Under the EPSDT program, states are required to provide all medically necessary services. This includes services that would otherwise be optional services. If an optional service is only available through the EPSDT program, it will not appear on the state chart.

medically needy eligibility groups:

States must provide at least the following services when the medically needy are included under the Medicaid plans:

- Prenatal and delivery services.
- Post partum pregnancy related services for beneficiaries under age 18 and who are entitled to institutional and ambulatory services defined in a state's plan.
- Home health services to beneficiaries who are entitled to receive nursing facility services under the state's Medicaid plan.
- Specific services for beneficiaries in institutions for mental disease and/or intermediate care facilities for the mentally retarded if included as medically needy.

States may include any other services described under Medicaid law subject to any limits based on comparability of services. States may provide different services to different groups of medically needy (example under age 18 and aged). However, unless there is a waiver, the services provided to a particular group must be available to everyone within that group. The chart does not reflect different services for the different medically needy sub-groups—only that at least one group gets the service.

state chart

(See reverse side)



optional medicaid state plan services:

The services reflected on this chart are only the optional state plan services that states have elected to include under their plans and managed care waivers as of November 2002. (See <http://cms.hhs.gov/medicaid/stateplans>,

<http://cms.hhs.gov/medicaid/managedcare> or the state for up-to-date information.) The eligibility groups that are entitled to each service are identified. The chart does not include services provided under the SCHIP programs or additional non-plan services that may be provided through waiver programs or managed care organizations. The chart also does not reflect the services that states are required to provide. A description of those services and the services for the optional medically needy eligibility groups are described above.

The chart identifies limits on services, but it doesn't reflect what type of limit is imposed. Generally, these limits are on the number of visits, days a service may be provided or items of services like prescriptions that may be filled in a specified time. It is important to note that states may under waiver authority, also be imposing additional limits on sub-groups of the eligibility categories listed.

federal/state matching rates for services:

The Medicaid program is funded through federal and state funds. States have different Federal matching rates to fund the services provided under their Medicaid programs. The statutory Federal matching rates for each state for Fiscal years 2002 and 2003 are reflected on the chart.

federal poverty level charts

The 2002 Poverty Level Charts are used by state Medicaid agencies in developing eligibility criteria for various Medicaid groups. In some cases the law requires states to use a percentage of poverty as the income threshold while in other cases states have elected to use percentages of poverty for their eligibility criteria.



2002 POVERTY LEVEL GUIDELINES									
ALL STATES (EXCEPT ALASKA AND HAWAII) AND D.C.									
Income Guidelines as Published in the Federal Register on 2/14/02									
ANNUAL GUIDELINES									
FAMILY SIZE	PERCENT OF POVERTY								
	100%	120%	130%	135%	150%	175%	185%	200%	250%
1	8,860.00	10,632.00	11,783.80	11,961.00	13,280.00	15,606.00	16,291.00	17,720.00	22,160.00
2	11,840.00	14,208.00	15,680.20	15,118.00	17,910.00	20,896.00	22,088.00	23,880.00	29,650.00
3	15,020.00	18,024.00	19,778.80	20,277.00	22,830.00	26,286.00	27,787.00	30,040.00	37,650.00
4	18,100.00	21,720.00	24,073.00	24,436.00	27,160.00	31,876.00	33,486.00	36,200.00	45,260.00
5	21,180.00	26,418.00	28,189.40	28,688.00	31,770.00	37,086.00	38,183.00	42,360.00	52,960.00
6	24,260.00	29,112.00	32,285.80	32,781.00	36,380.00	42,496.00	44,881.00	48,620.00	60,950.00
7	27,340.00	32,808.00	36,282.20	36,808.00	41,010.00	47,842.00	50,678.00	54,880.00	68,350.00
8	30,420.00	36,504.00	40,458.80	41,057.00	45,830.00	53,236.00	56,277.00	60,840.00	75,050.00
For family units of more than 6 members, add \$3,080 for each additional member.									
MONTHLY GUIDELINES									
FAMILY SIZE	PERCENT OF POVERTY								
	100%	120%	130%	135%	150%	175%	185%	200%	250%
1	738.33	886.00	981.98	996.75	1,107.50	1,282.08	1,358.92	1,478.87	1,848.83
2	885.00	1,184.00	1,293.35	1,259.25	1,482.50	1,741.25	1,840.75	1,980.00	2,487.50
3	1,251.87	1,522.00	1,654.72	1,688.75	1,877.50	2,180.42	2,215.98	2,505.25	3,138.17
4	1,528.33	1,810.00	2,008.08	2,026.25	2,255.83	2,598.58	2,708.42	3,018.87	3,770.83
5	1,785.00	2,118.00	2,247.48	2,282.75	2,541.66	2,988.75	3,088.28	3,438.00	4,212.80
6	2,021.87	2,488.00	2,688.83	2,725.25	3,022.50	3,587.82	3,748.08	4,043.25	5,056.17
7	2,278.33	2,734.00	3,038.18	3,078.75	3,417.50	3,987.08	4,214.82	4,688.87	5,888.83
8	2,535.00	3,042.00	3,371.66	3,422.25	3,802.50	4,438.25	4,688.76	5,078.00	6,337.50

2002 POVERTY LEVEL GUIDELINES									
ALASKA									
Income Guidelines as Published in the Federal Register on 2/14/02									
ANNUAL GUIDELINES									
FAMILY SIZE	PERCENT OF POVERTY								
	100%	120%	130%	135%	150%	175%	185%	200%	250%
1	11,080.00	13,296.00	14,738.40	14,958.00	16,820.00	19,280.00	20,498.00	22,180.00	27,700.00
2	14,930.00	17,916.00	19,868.80	20,166.60	22,386.00	26,127.60	27,820.80	29,890.00	37,326.00
3	18,780.00	22,536.00	24,877.40	25,365.00	28,170.00	32,889.60	34,743.00	37,080.00	46,960.00
4	22,630.00	27,168.00	29,874.80	30,452.40	33,822.00	39,888.00	42,088.80	44,820.00	56,250.00
5	26,480.00	31,776.00	35,218.40	35,746.00	39,730.00	46,940.00	49,888.00	52,940.00	66,200.00
6	30,330.00	36,396.00	40,338.80	40,845.60	46,486.00	53,077.60	56,110.50	60,860.00	75,826.00
7	34,180.00	41,016.00	45,459.40	46,143.00	51,270.00	59,816.00	63,223.00	66,360.00	82,450.00
8	38,030.00	45,636.00	50,879.00	51,640.80	57,046.00	66,552.00	70,365.80	73,880.00	91,078.00
For family units of more than 6 members, add \$3,950 for each additional member.									
MONTHLY GUIDELINES									
FAMILY SIZE	PERCENT OF POVERTY								
	100%	120%	130%	135%	150%	175%	185%	200%	250%
1	923.33	1,108.00	1,228.03	1,248.30	1,385.00	1,615.89	1,708.17	1,848.87	2,308.33
2	1,244.17	1,488.00	1,634.74	1,678.83	1,868.25	2,172.28	2,301.71	2,488.33	3,110.42
3	1,565.00	1,878.00	2,071.43	2,112.75	2,347.50	2,708.75	2,882.25	3,130.00	3,912.50
4	1,885.83	2,288.00	2,508.18	2,548.88	2,828.75	3,300.21	3,488.79	3,717.87	4,714.58
5	2,206.87	2,688.00	2,934.87	2,978.00	3,310.00	3,881.87	4,082.38	4,413.28	5,518.87
6	2,527.80	3,033.00	3,361.56	3,412.13	3,791.25	4,423.13	4,678.38	5,088.00	6,318.75
7	2,848.33	3,418.00	3,788.28	3,846.25	4,272.50	4,984.58	5,289.42	5,698.87	7,180.83
8	3,168.17	3,808.00	4,214.90	4,278.38	4,763.75	5,548.04	5,882.96	6,338.38	7,822.82

2002 POVERTY LEVEL GUIDELINES									
HAWAII									
Income Guidelines as Published in the Federal Register on 2/14/02									
ANNUAL GUIDELINES									
FAMILY SIZE	PERCENT OF POVERTY								
	100%	120%	130%	135%	150%	175%	185%	200%	250%
1	10,300.00	12,360.00	13,688.00	13,770.00	15,380.00	17,660.00	18,470.00	20,400.00	25,500.00
2	13,740.00	16,488.00	18,274.20	18,498.00	20,910.00	24,046.00	25,418.00	27,880.00	34,250.00
3	17,280.00	20,736.00	22,882.40	23,328.00	26,320.00	30,240.00	31,698.00	34,600.00	43,200.00
4	20,820.00	24,984.00	27,660.80	28,107.00	31,280.00	36,436.00	38,617.00	41,840.00	52,060.00
5	24,360.00	29,232.00	32,388.80	32,888.00	36,540.00	42,830.00	45,088.00	48,720.00	60,900.00
6	27,900.00	33,480.00	37,107.00	37,685.00	41,860.00	49,026.00	51,616.00	55,800.00	69,750.00
7	31,440.00	37,728.00	41,816.20	42,444.00	47,180.00	55,020.00	58,184.00	62,860.00	78,900.00
8	34,980.00	41,876.00	46,023.40	47,223.00	52,470.00	61,216.00	64,713.00	69,880.00	87,600.00
For family units of more than 6 members, add \$3,540 for each additional member.									
MONTHLY GUIDELINES									
FAMILY SIZE	PERCENT OF POVERTY								
	100%	120%	130%	135%	150%	175%	185%	200%	250%
1	850.00	1,020.00	1,130.50	1,147.50	1,275.00	1,487.50	1,572.50	1,700.00	2,125.00
2	1,145.00	1,374.00	1,522.83	1,545.75	1,717.50	2,003.75	2,116.25	2,290.00	2,852.50
3	1,440.00	1,728.00	1,915.20	1,944.00	2,180.00	2,520.00	2,664.00	2,880.00	3,600.00
4	1,735.00	2,082.00	2,307.88	2,342.25	2,602.80	3,088.25	3,208.76	3,470.00	4,387.50
5	2,030.00	2,436.00	2,688.90	2,740.50	3,048.00	3,582.50	3,788.50	4,095.00	5,075.00
6	2,325.00	2,790.00	3,092.25	3,148.75	3,487.50	4,088.75	4,361.25	4,680.00	5,812.50
7	2,620.00	3,144.00	3,484.80	3,537.00	3,980.00	4,686.00	4,947.00	5,240.00	6,550.00
8	2,915.00	3,498.00	3,878.95	3,936.25	4,372.50	5,101.25	5,362.76	5,630.00	7,087.50



✓ OCN = Optional Categorically Needy Groups Only ◆ MN = Medically Needy Only
 ■ ACN = All Categorically Needy X AP = Additional Population

2002 FMAP	2003 FMAP		Other Licensed Practitioners				
			Chiropractors	Podiatrists	Optometrists	Psychologists	Nurse Anesthetist
70.45	70.60	Alabama	△+	△+	△+	△+	△+
57.38	58.27	Alaska			■+		
64.98	67.25	Arizona		△+	△+	△	△
72.64	74.28	Arkansas	△+	△+	△+		△
51.40	50.00	California	△+	△+	△+	△+	△+
50.00	50.00	Colorado		△	△	△	△
50.00	50.00	Connecticut	△+	△	△+	△+	
50.00	50.00	Delaware		■+	■+		
70.00	70.00	D.C.		△+	△+		
56.43	58.83	Florida	△+	△+	△+		△
59.00	59.60	Georgia		△+	△+	■+ △	△
56.34	58.77	Hawaii		△+	△+	△+	
71.02	70.96	Idaho	■+	■+	■+		
50.00	50.00	Illinois	△+	△+	△+		△
62.04	61.97	Indiana	■+	■	■	■	■
62.86	63.50	Iowa	△+	△+	△+	△+	
60.20	60.15	Kansas	△+	△+	△+	△+	△+
69.94	69.89	Kentucky	△	△+	△+		
70.30	71.28	Louisiana		△+	△+		
66.58	66.22	Maine	△+	△+	△+	△+	
50.00	50.00	Maryland	△+	△+	△+		△+
50.00	50.00	Massachusetts	△+	△+	△+	△+	
56.36	55.42	Michigan	△+	△+	△+		△+
50.00	50.00	Minnesota	△+	△+	△+	△+	△
76.09	76.62	Mississippi	△+	△+	△+	△+	
61.06	61.23	Missouri		■+	■+		
72.83	72.96	Montana		△+	△+	△+	△+
59.55	59.52	Nebraska	△+	△+	△+		△+
50.00	52.39	Nevada			△+	△+	△+
50.00	50.00	New Hampshire	△+	△+	△+	△+	
50.00	50.00	New Jersey	△+	△+	△+	△+	
73.04	74.56	New Mexico		△+	△+	△+	△+
50.00	50.00	New York		△+	△+	△+	
61.46	62.56	North Carolina	△+	△+	△+	△+	△+
69.87	68.36	North Dakota	△+	△	△+	△	
58.78	58.83	Ohio	△+	△+	△+	△+	△+
70.43	70.56	Oklahoma		△+	△		△
59.20	60.16	Oregon	△+	△+	△+		
54.65	54.69	Pennsylvania	△+	△+	△+	△+	
52.45	55.40	Rhode Island		■+	△+		
69.34	69.81	South Carolina	△+	△+	△+		△+
65.93	65.29	South Dakota	△+	△+	△+		△+
63.64	64.59	Tennessee		△+	△+	△	△
60.17	59.99	Texas	△+	△	△+	△+	△+
70.00	71.24	Utah	△+	△+	△+	△+	
63.06	62.41	Vermont	△+	△+	△+	△+	
51.45	50.53	Virginia		△+	△+	△+	
50.37	50.00	Washington		△+	△+	■+	■+
75.27	75.04	West Virginia	△	△	△	△	△
58.57	58.43	Wisconsin	△+	△+	△+	△+	△+
61.97	61.32	Wyoming			△+		△+
Totals:			32	47	51	32	28

Totals = Total number of States and District of Columbia that provide the service to one or more categories of eligible...

50.00	50.00	Puerto Rico		△+	△+		
50.00	50.00	Virgin Islands			△+		

Note: Only Mandatory Services are required for American Samoa, Guam, and N. Mariana Islands.

Note: All services provided by Puerto Rico are provided by Managed Care.

Note: The FMAP for the territories is 50.00.

MEDICAID SERVICES

(Any Medically Needy Group)
 added through 1115 Waivers

△ ALL = All Eligibility Groups that States Covers
 + Limits = Limit of some type on the service

A combination
 services to

Private Duty Nursing	Physician Directed Clinic Services	STATES	Home Health Therapies				Dental	Physical Therapy	Occupational Therapy
			Physical	Speech and Language	Occupational	Audiology Services			
△+	△+	AL	△+	△+	△+	△+	△+	△+	
■+	△	AK	■+	■+	■+	■+	■+	■+	
△+	△+	AZ	■+	■+	■+	■+	■+	■+	
△+	△+	AR	△+	△+	△+	△+	△+	△+	
△+	△+	CA	△+	△+	△+	△+	△+	△+	
△+	△+	CO	△+	△+	△+	△+	△+	△+	
■+	■+	CT	△+	△+	△+	△+	△+	△+	
△+	△+	DE	■+	■+	■+	■+	■+	■+	
△+	△+	DC	△+	△+	△+	△+	△+	△+	
△+	△+	FL	△+	△+	△+	△+	△+	△+	
◆+	△+	GA	△+	△+	△+	△+	△+	△+	
△+	△+	HI	△+	△+	△+	△+	△+	△+	
■+	■+	ID	■+	■+	■+	■+	■+	■+	
△	△	IL	△+	△+	△+	△+	△+	△+	
■	■	IN	■	■	■	■	■	■	
△+	△+	IA	△+	△+	△+	△+	△+	△+	
△+	△+	KS	△+	△+	△+	△+	△+	△+	
△+	△+	KY	△+	△+	△+	△+	△+	△+	
△+	△+	LA	△+	△+	△+	△+	△+	△+	
△+	△	ME	△+	△+	△+	△+	△	△+	
△+	△+	MD	△+	△+	△+	△+	△+	△+	
△+	△+	MA	△	△	△	△	△+	△+	
△+	△+	MI	△+	△+	△+	△+	△+	△+	
△+	△+	MN	△+	△+	△+	△+	△+	△+	
△+	△+	MS	△+	△+	△+	△+	△+	△+	
△+	■+	MO	■+	■+	■+	■+	■+	■+	
△+	△+	MT	△+	△+	△+	△+	△+	△+	
△+	△+	NE	△+	△+	△+	△+	△+	△+	
△+	△+	NV	△+	△+	△+	△+	△+	△+	
△+	△+	NH	△+	△+	△+	△+	△+	△+	
△+	△+	NJ	△+	△+	△+	△+	△+	△+	
△+	△+	NM	△+	△+	△+	△+	△+	△+	
△+	△+	NY	△	△	△	△	△+	△+	
△+	△+	NC	△+	△+	△+	△+	△+	△+	
△	△	ND	△+	△+	△+	△+	△	△+	
△+	△+	OH	△+	△+	△+	△+	△+	△+	
△+	△+	OK					△+		
+ X+	△+	OR	△+	△+	△+	△+	△+	△+	
△+	△+	PA	△+	△+	△+	△+	△+	△+	
△+	△+	RI	△+	△+	△+	△+	△+	△+	
△+	△+	SC	△+	△+	△+	△+	△+	△+	
△+	△+	SD	△+	△+	△+	△+	△+	△+	
+ ◆+	△	TN	△+	△+	△+	△+	△+	■ ◆ X+	
△+	△+	TX	△+	△+	△+	△+	△+	■ ◆ X+	
△+	△+	UT	△+	△+	△+	△+	△+	△+	
△+	△+	VT	△+	△+	△+	△+	■+ ◆+	△+	
△+	△+	VA	△+	△+	△+	△+	△+	△+	
△+	△	WA	△+	△+	△+	△+	△+	△+	
△+	△	WV	△	△	△	△	△+	△	
△+	△+	WI	△+	△+	△+	△+	△+	△+	
△+	△+	WY	△+	△+	△+	△+	△+	△+	
29	50	-	50	49	49	45	47	44	38
		PR					△+	△+	△+
		VI					△+		

SERVICES STATE

Meaning of symbols like the following ■+ △ means that the state provides the service for all eligibility groups, but places limits on all the categorically needy groups.

* = Nursing Facility Only
^ = Through Rehab. Option Only

Therapies for Speech Hearing and Language Disorders	STATES	Prescribed Drugs	Dentures	Prosthetic Devices	Eyeglasses	Diagnostic Services	Screening Services	Preventive Services	STATES
△+	AL	△+	△+	△+	△+	△+	△+	△+	AL
■+	AK	■+		■+	■+	■+			AK
△+	AZ	△+	△+	△+	△+	△	△+	△+	AZ
△+	AR	△+	△+	△+	△+				AR
△+	CA	△+	△+	△+	△+			△+	CA
△+	CO	△+		△+	△+				CO
△+	CT	△+	△+	△+	△+	△+	△+	△+	CT
	DE	■+		■+		■+			DE
△+	DC	△+	△+	△+	△+	△+		△+	DC
△+	FL	△+	△+	△+	△+	△+	△+		FL
△+	GA	△+	△+	△+	△+	△+	△+	△+	GA
△+	HI	△+	△+	△+	△+	△+	△+	△+	HI
■+	ID	■+	■+	■+	■+	■+	■+		ID
△+	IL	△+	△+	△+	△+	△+	△+	△+	IL
■+	IN	■	■+	■+	■+	■	■	■	IN
△+	IA	△+	△+	△+	△+				IA
△+	KS	△+	△+	△+	△+				KS
△+	KY	△+		△+	△+	△+	■+	■+	KY
	LA	△+	■+	△+					LA
△	ME	△+	△+	△	△+	△+	△+	△+	ME
△+	MD	△+		△+	△+	△+	△+	△+	MD
△+	MA	△+	△+	△+	△+	△	△	△	MA
	MI	△+	△+	△+	△+	△+			MI
△+	MN	△+	△+	△+	△+	△+	△+	△+	MN
△+	MS	△+		△+	△+	△+	△+	△+	MS
	MO	■+	■+	■+	■+				MO
△+	MT	△+	△+	△+	△+	△+	△+	△+	MT
△+	NE	△+	△+	△+	△+		△+		NE
△+	NV	△+	△+	△+	△+	△+	△+	△+	NV
△+	NH	△+		△+	△+	△+	△+	△+	NH
△+	NJ	△+	△+	△+	△+	△+	△	△+	NJ
△+	NM	△+	△+	△+	△+				NM
△+	NY	△+	△+	△+	△+	△+	△+	△+	NY
△+	NC	△+	△+	■+	△+	△+	△+	△+	NC
△	ND	△+	△+	△	△+	△	△	△+	ND
△+	OH	△+	△+	△+	△+	△+	△+	△+	OH
	OK	△+		△+	△+		△+		OK
△+	OR	△+	△+	△+	△+	△		△+	OR
△+	PA	■+	△+	△+	△+	△+	△+	△+	PA
	RI	△+	△+	△+	△+			△+	RI
	SC	△+		△+	△+			△+	SC
△+	SD	△+	△+	△+	△+			△+	SD
■◆X+	TN	△	△+	■◆X+	■◆+	■◆+	■◆+	■◆+	TN
	TX	△+		△+	△+				TX
△+	UT	△+	△	△+	△+	△+	△+	△+	UT
△+	VT	△+	■◆+	△+		△+	△+	△+	VT
△+	VA	△+		△+	△+	△+	△+	■+	VA
■+	WA	△+	△+	△+	△+	■+		△+	WA
△	WV	△		△	△+	△	△	△	WV
△+	WI	△+	△+	△+	△+	△	△	△	WI
△+	WY	△+		△+					WY
43	--	51	38	51	47	35	32	35	--
△+	PR	△+							PR
	VI	△+			△+				VI



()² = South Dakota and Idaho chose: Skilled nursing facility services only provided to beneficiaries age 65 and older in institutions for mental disease.

STATES	Respiratory Care for Ventilator Dependent	PACE (All Inclusive Care for the Elderly)	Other Medical or Remedial Care Services					STATES
			Religious (Non-Medical) Health Care Institution	Transportation Services (Not Administrative)	Nursing Facility Services Under Age 21	Emergency Hospital Services in Non-Medicare Participating	Critical Access Hospital	
AL				Δ+	Δ+			AL
AK	■+			■+	■+			AK
AZ	■		Δ	Δ+	Δ	Δ	Δ	AZ
AR				Δ+	■+	Δ+	Δ+	AR
CA			Δ+	Δ+	Δ+	Δ+	Δ+	CA
CO		Δ+		Δ+	Δ	Δ	Δ+	CO
CT		Δ		Δ+	Δ			CT
DE					■			DE
DC				Δ+	Δ	Δ+		DC
FL		Δ		■+	■+	Δ+		FL
GA				Δ+	Δ+			GA
HI	Δ+			Δ+	Δ+	Δ+	Δ+	HI
ID				■+	■+	■+		ID
IL	Δ	Δ	Δ	Δ	Δ	Δ	Δ	IL
IN			■	■	■	■		IN
IA				■+◆+	■+		■+◆+	IA
KS		Δ		Δ+	Δ+	Δ+	Δ+	KS
KY				Δ+	Δ+	Δ+		KY
LA				Δ+	Δ+			LA
ME			Δ	Δ+	Δ	Δ		ME
MD		■		Δ+	Δ+	Δ+		MD
MA				Δ+	Δ+	Δ		MA
MI	Δ+	Δ+	Δ+	Δ+	Δ+	Δ+		MI
MN			Δ	Δ+	Δ+	Δ+	Δ+	MN
MS				Δ+	Δ+	Δ+		MS
MO		■			■+		■+	MO
MT				Δ+	Δ+	Δ+	Δ+	MT
NE				Δ+	Δ+	Δ+	Δ+	NE
NV	Δ+			Δ+	Δ+			NV
NH				Δ+	Δ+	Δ+		NH
NJ			■+	Δ+	■+	■+		NJ
NM				Δ+	Δ+	Δ+		NM
NY				Δ+	Δ+	Δ+	Δ	NY
NC	■+			Δ+	Δ+			NC
ND				Δ+	Δ	Δ	Δ+	ND
OH	Δ+	Δ	Δ+	Δ+	Δ+	Δ+	Δ	OH
OK					Δ+		Δ+	OK
OR				Δ+	Δ	Δ		OR
PA	Δ+	Δ+	Δ+	Δ+	Δ+			PA
RI				Δ+	Δ+			RI
SC		■		Δ+	Δ+	Δ+		SC
SD				Δ+	Δ	Δ	Δ+	SD
TN	Δ	■◆		■+◆+	■◆	Δ		TN
TX	Δ+		Δ+	Δ+	Δ+	Δ+		TX
UT				Δ+	Δ+	Δ	Δ+	UT
VT	■◆			■+◆+	■+◆+	Δ+		VT
VA			Δ	Δ+	Δ	Δ	Δ	VA
WA	Δ	■		Δ+	Δ+	Δ		WA
WV	Δ			Δ	Δ	Δ	Δ	WV
WI	Δ+		Δ+	Δ+	Δ+	Δ	Δ	WI
WY				Δ+	Δ	Δ+	Δ+	WY
--	15	13	13	48	50	37	21	--
PR				Δ+				PR
VI	Δ+			Δ+				VI

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